



Rhode Island Department of Health
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Providence, RI 02908-5094

www.health.ri.gov

Interim Health Advisory

Date: August 12, 2009
To: All Summer Camp Operators
From: Director of Health, David R. Gifford, MD, MPH
Re: Updated Interim Recommendations on H1N1 (Swine flu)

This guidance from the Rhode Island Department of Health (HEALTH) and the Center for Disease Control and Prevention (CDC) applies to camps for children, adolescents or families and covers a range of programs, from day camps to residential, overnight settings.

Background

The Rhode Island Department of Health (HEALTH) continues to monitor the H1N1 pandemic locally, regionally, nationally and internationally. Rhode Island and national surveillance data indicate increased infections in children, increased infections in individuals with chronic medical conditions, and a generally higher hospitalization rate of those infected. Although most illness in Rhode Island has been mild, compared to seasonal influenza, there is an increase in the number of hospitalizations.

General Infection Control & Prevention Recommendations

- Camp organizers should remind staff and campers to use good hygiene practices consistently, including:
 - Wash hands often with soap and warm water. If soap and water are not available, use alcohol-based hand gel.
 - Cough and sneeze into the elbow. Throw tissues in trash and then wash hands right away.
 - Campers should carry (and use) a travel-size hand sanitizer, if available.
 - Do not share eating utensils or drink containers.
- Camp organizers should:
 - Provide hand-washing stations with warm running water, liquid soap, and appropriate hand dryer materials. If warm water is not available, providing alcohol-based hand gels is a solution.
 - Provide alcohol-based hand gel in common areas like mess halls or recreation centers, if possible. Hand sanitizing stations where it is known there will be limited/no opportunities for handwashing are encouraged.
 - Provide on-site medical assessment/screening.
- Continue routine cleaning, especially of those areas likely to have high hand contact, such as doorknobs, faucets, handrails and sporting equipment. See HEALTH's recommendations for cleaning at <http://www.health.ri.gov/pandemicflu/swineflu/Advisory/cleaning050109%20.pdf>
- Actively screen **ALL** staff and campers upon their arrival at camp for signs of ILI (fever plus cough or fever plus sore throat). If campers or staff have ILI, they should stay home until they are free of fever for 24 hours without the use of fever-reducing medicine. Camp organizers and nurses should continue to educate campers, staff and parents about this recommendation and enforce as appropriate.
- Obtain detailed health history for all staff and campers including documentation of any conditions that might place them at higher risk for complications from influenza (asthma,

pregnancy, chronic lung disease, diabetes, immunosuppression, cardiovascular disease or any other special healthcare needs).

- If a camper or staff has been exposed to a person with ILI in the past 7 days, the camper or staff member may stay at camp. If the camper or staff develop ILI, follow guidance in this advisory.
- Know applicable RI camp regulations: <http://www.acacamps.org/publicpolicy/regulations>
- Remind campers and staff of the importance of continued hydration.

General Management of ILI in All Camp Settings

- Camp staff and volunteers should be diligent about early recognition of ILI and rapid isolation of those who develop ILI.
- Protocols should be in place for when to evaluate campers or staff with ILI, who will do it and how other illnesses will be monitored. Not all patients with ILI need to be seen by a healthcare provider. Individuals with severe illness and those at high risk for complications should contact their medical provider or seek medical care.
- **No aspirin or aspirin-containing medicines should be given to anyone younger than age 18 who has ILI due to the risk of Reyes Syndrome.** Other over-the counter pain relievers such as acetaminophen or ibuprofen can be used. Refer to pediatric management for guidance regarding use of any medications. See ([CDC H1N1 Flu | Resources for Clinicians](#))

Management of ILI In Day Camps

- ILI is defined as fever plus cough or fever plus sore throat.
- Day campers/staff who develop ILI (fever plus cough or fever plus sore throat) should be separated from the general population and kept away from healthy campers until they can be safely returned home or taken for medical care and evaluation if needed. They should stay home until they are free of fever for 24 hours without the use of fever-reducing medicine. Parents should be referred to their individual pediatrician for specific questions.
- Follow [Overnight Camp Guidelines for Campers/Staff ILI](#) below for guidance on campers awaiting arrangements to go home.

Management of ILI In Overnight/Residential Camps

- ILI is defined as fever plus cough or fever plus sore throat.
- Overnight campers/staff who develop ILI should be separated from the general population. If individual rooms for persons with ILI are not possible, consider using a large room, cabin or tent specifically as an infirmary. Beds should in the infirmary be at least 6 feet apart with temporary barriers between the beds. Bathroom facilities should be nearby and separate from those used by healthy campers and should be cleaned regularly.
- Designate staff to care for those individuals with ILI. Try to limit that staff's interaction with healthy campers and staff to decrease the risk of spreading influenza to other parts of the camp. Anyone with a medical condition that would increase his or her risk of severe illness from influenza should not be a designated caregiver.
- Linens, eating utensils or dishes used by someone with ILI **do not need to be cleaned separately**. All linens must be washed in hot water using laundry soap and dried on the hottest setting that the fabric will tolerate. Anyone who has handled dirty linens and dishes should wash their hands following proper hand washing practices.
- Anyone who has close contact with someone who has ILI should be monitored for development of ILI. Any signs of ILI should be reported to camp officials for possible isolation and medical care of that individual.
- Camp medical staff who need to administer medical treatments that are likely to produce aerosols, such as nebulized solutions, should see [Interim Health Advisory about Use of Masks](#).

- If possible, campers/staff with ILI who wish to seek medical care should contact their healthcare provider or camp-related health services organization to report illness by telephone or other remote means before seeking care.
- Camp nurses or those caring for ill campers/staff should follow guidance developed for caring for sick persons at home. (See [Interim Guidance for H1N1 Flu \(Swine Flu\): Taking Care of a Sick Person in Your Home](#)).
- For more camp-specific information related to the H1N1 virus, please see the Association of Camp Nurses website (<http://www.acn.org/healthalert/swineflu.html>).

Special Considerations for Persons at High Risk of Complications from H1N1

- Persons at increased risk of severe illness from influenza include: young children, pregnant women, and anyone with chronic medical conditions like diabetes, cardiovascular disease, asthma, immunosuppression, chronic lung disease or any other special healthcare needs.
- If anyone in a high-risk category presents with or develops ILI (fever plus cough or fever plus sore throat), the camp nurse should contact the individual's healthcare provider or camp physician for evaluation.

General Recommendations and Preparedness

- Remind campers and staff of proper infection control practices previously noted.
- Educate staff, parents and guardians about what will be done with campers with ILI.
- Consider logistics of transportation of people with ILI so as to limit exposure to healthy people.
- Ask parents/guardians for multiple ways to contact them.
- Make agreements for care and isolation.
- Inform parents of all camp protocols and procedures.
- Conduct additional planning for medical evaluation or emergency care.
- Train staff on monitoring campers and recognizing flu-like symptoms (fever plus cough or sore throat in the absence of a known cause other than influenza), communicable disease prevention, how to report possible illness, and ways to promote basic hygiene practices.
- Nurses' station/camp infirmary activity should be monitored for signs of emerging sickness. Healthcare staff often see people for common things: sore throats, upset stomachs, coughs, various rashes, and red eyes. Often benign, these signs and symptoms could also signal an emerging sickness.

HEALTH Contact Information

| Topic | Contact | Phone |
|---|------------------------------|----------|
| Media relations, messages for parents/staff | Annemarie Beardsworth | 222-3998 |
| Liaison for other inquiries | Helen Drew | 222-1016 |
| General Information | HEALTH H1N1 Information Line | 222-8022 |

Resources

- CDC H1N1 Influenza Site: <http://www.cdc.gov/h1n1flu>
- Rhode Island Department of Health Swine Influenza Site: <http://www.health.ri.gov/pandemicinfluenza/swineinfluenza/swineinfluenza.php>
- WHO Swine Influenza Site: <http://www.who.int/en/>